INTER STATE BORDER DISTRICT CLUSTER STRATEGY

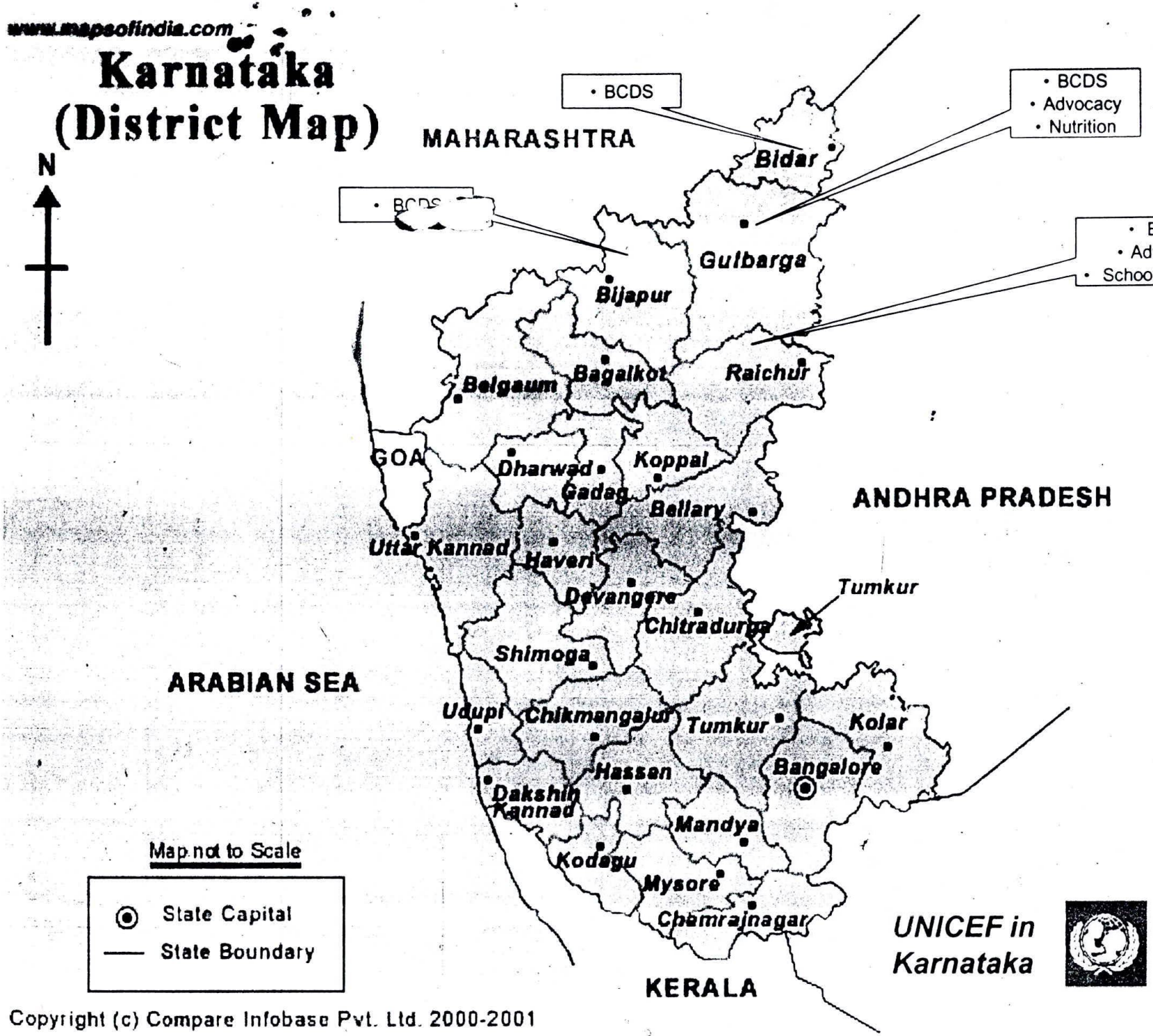
An approach to develop Responsive Health System

Characteristics of border districts

- Districts have low indicators in terms of IMR/CMR and MMR
- Situated far away from the state capital have infra-structural problems
- Minimum supervisory and monitoring visits from state program officers
- The existing rules withhold officials to refer cases or approach neighbouring states for help

Characteristics of border districts

- The soci-cultutral patterns are more similar to the neighbouring districts of other provinces
- People already cross the borders for trade and medical care
- For referral purposes a hospital in another state may be more convenient to a district within the state
- Strategy would offer authority of inter-state support and interactions would benefit the program and the beneficiaries



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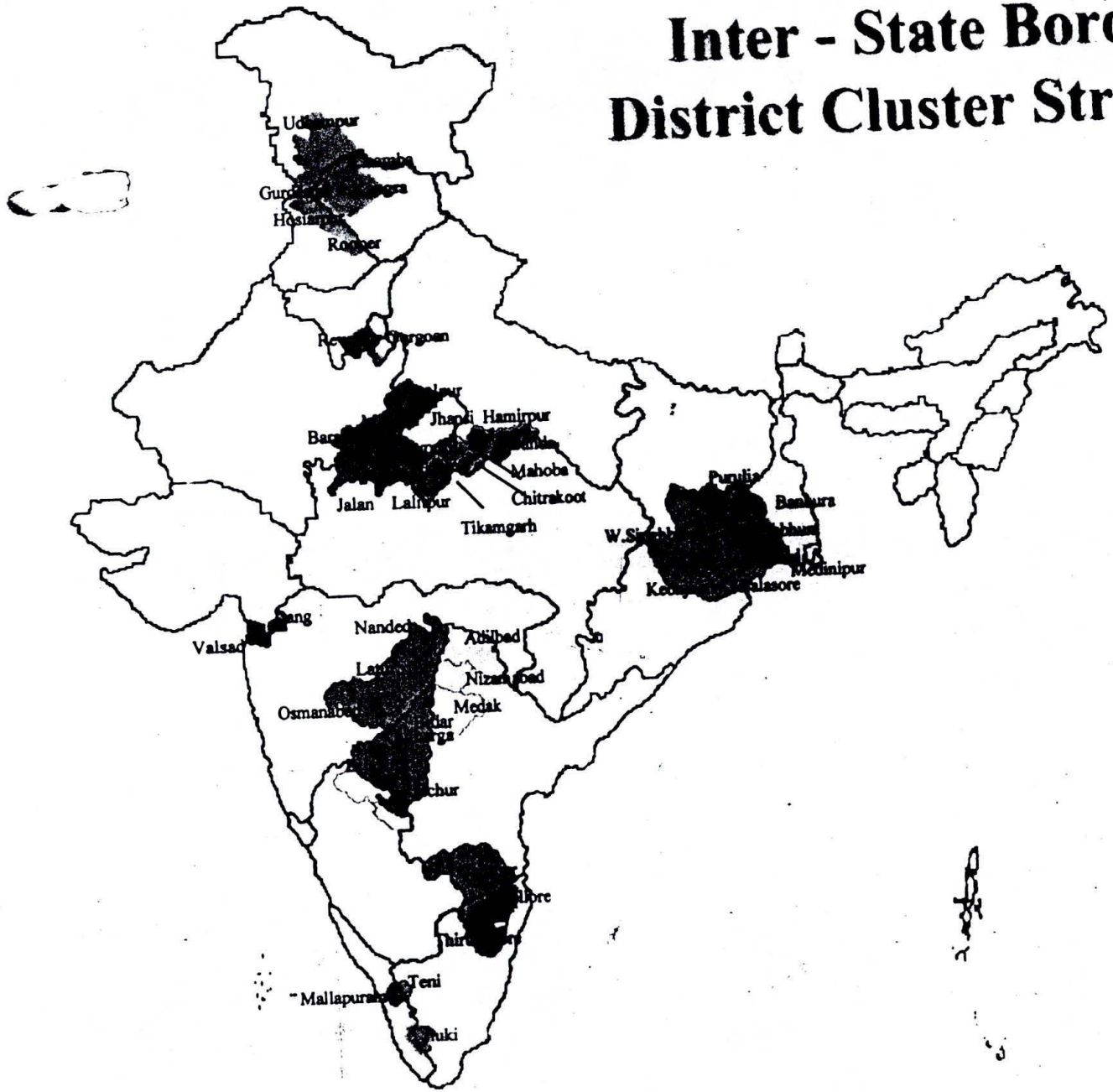
Inter - State Border District Cluster Strategy



MPO - 1

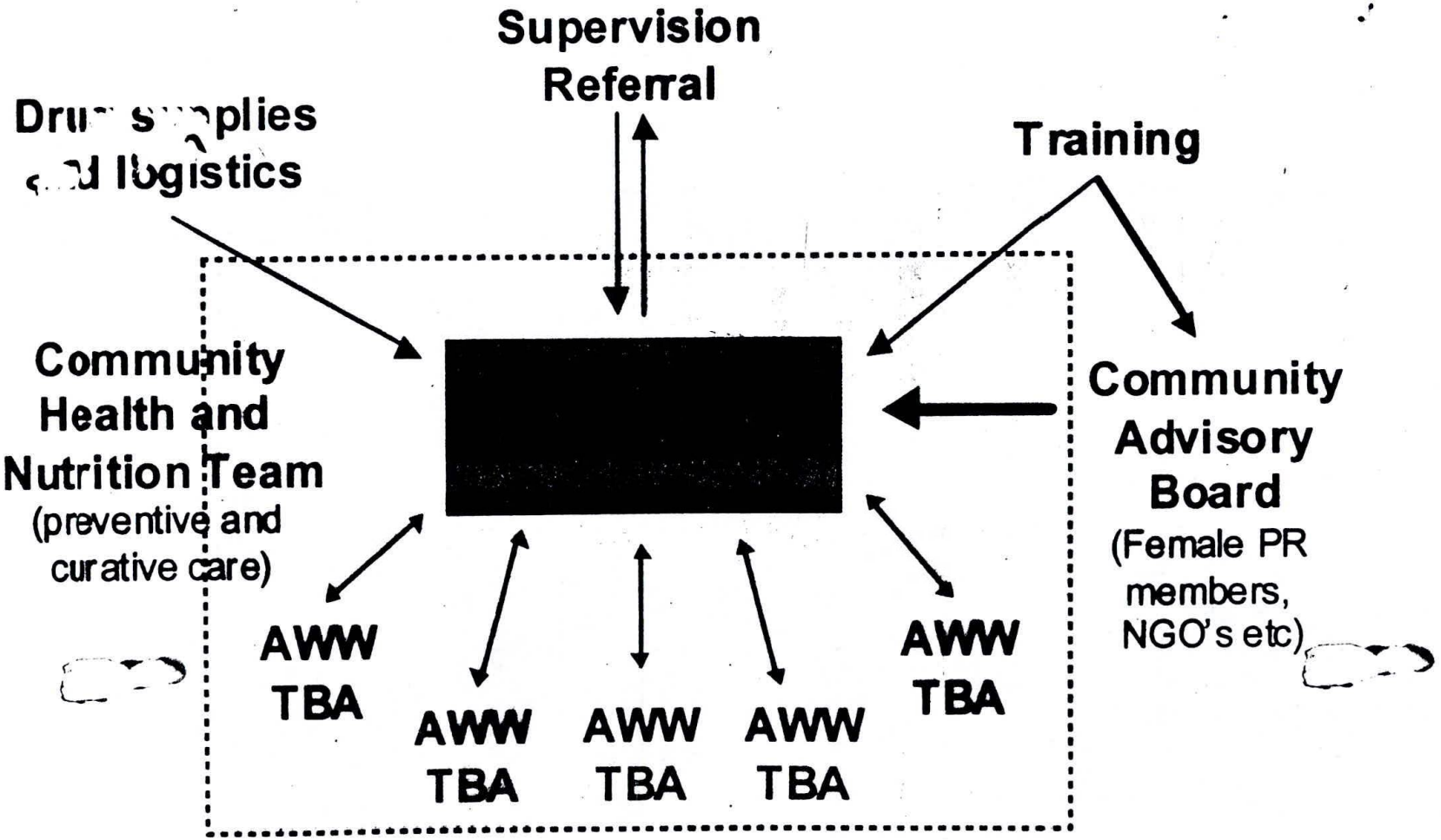
- Evolving strategy with definite out-come oriented approach
- Agreement between GOI and Unicef, for building effective partnership for nation-wide activities-
  - Improving Immunization coverage
  - Accelerating immunization efforts
  - Implementation of Reproductive and child health programme (RCH) by strengthening sub-centers, PHCs and referral supportive system

MPO - 2

- Strengthening sub-centers, PHCs and referral supportive system through
  - Strengthen the capacity of communities to express the health needs of children and women more effectively; and empower families for childcare at homes
  - Enable government health workers to respond more sensitively;
  - Improve the capacity of health systems to provide better quality services

MPO - 3

Sub-centre Revitalization Strategy



Mission of BDCS

- Goal to reduce IMR, MMR and Under 5 Malnutrition by 50% in 3 years
- Bottom Up Approach / Decentralization model
- Empowering community through strong links between system and community
- Demonstrate Replicable models on RCH to take to scale
- Interstate Cross Border Appraoch

Major Areas of UNICEF Support

- Development of H&N teams.
- Facilitate New Born Care.
- Support RCH Training.
- Strengthening of drug supplies & logistics.
- Strengthening life saving skills for ANMs at sub FRU levels.
- Improve & expand FRU services.
- Facilitate development of CABs.

CONTD.

- Improve and expand FRU Services
- Facilitate Development of CABs
- Support to community education activities/communication materials.
- Strengthen HMIS at District level.
- Support to routine immunization / disease reduction activities.
- Advocacy /IEC
  - BFHI
  - Reduction of PTCT of HIV/AIDS
  - Co-ordination with professional bodies

Activities under BDCS

Development of H&N Teams

Andhra Pradesh

167 in Nizamabad, 49 in Adilabad, 440 in Chittoor and 86 in Medak

Karnataka

260 in Bidar, 118 in Gulbarga, 213 in Bijapur and 130 in Raichur

Contd..

Facilitate New Born Care

Andhra Pradesh - sensitization meetings at community level in Medak and Nizamabad

Karnataka - Resuscitation of New Born and Referral of high risk for Mos and all functionaries in Bidar, Bijapur and Gulbarga.

Contd..

- Developed and replicated Do's and Dont's to all front line functionaries
- Support to core trainers training on resuscitation of new Born in BDCS Districts
- Training module on New Born Care being developed in Telugu and Kannada
- Training material adapted and replicated for MOs in Andhra.

Contd..

- Support RCH Training
- In AP the six day RCH training completed in all districts
- Collaborating with other agencies viz. GOI/IIH&FW, Hyderabad for similar training
- In Karnataka 6 day RCH training being extended to 5 more districts at the request of State Health Task Force
- 114 MPW (male), 159 in Bidar and 180 in Bijapur trained under RCH.

Subcenter revitalization

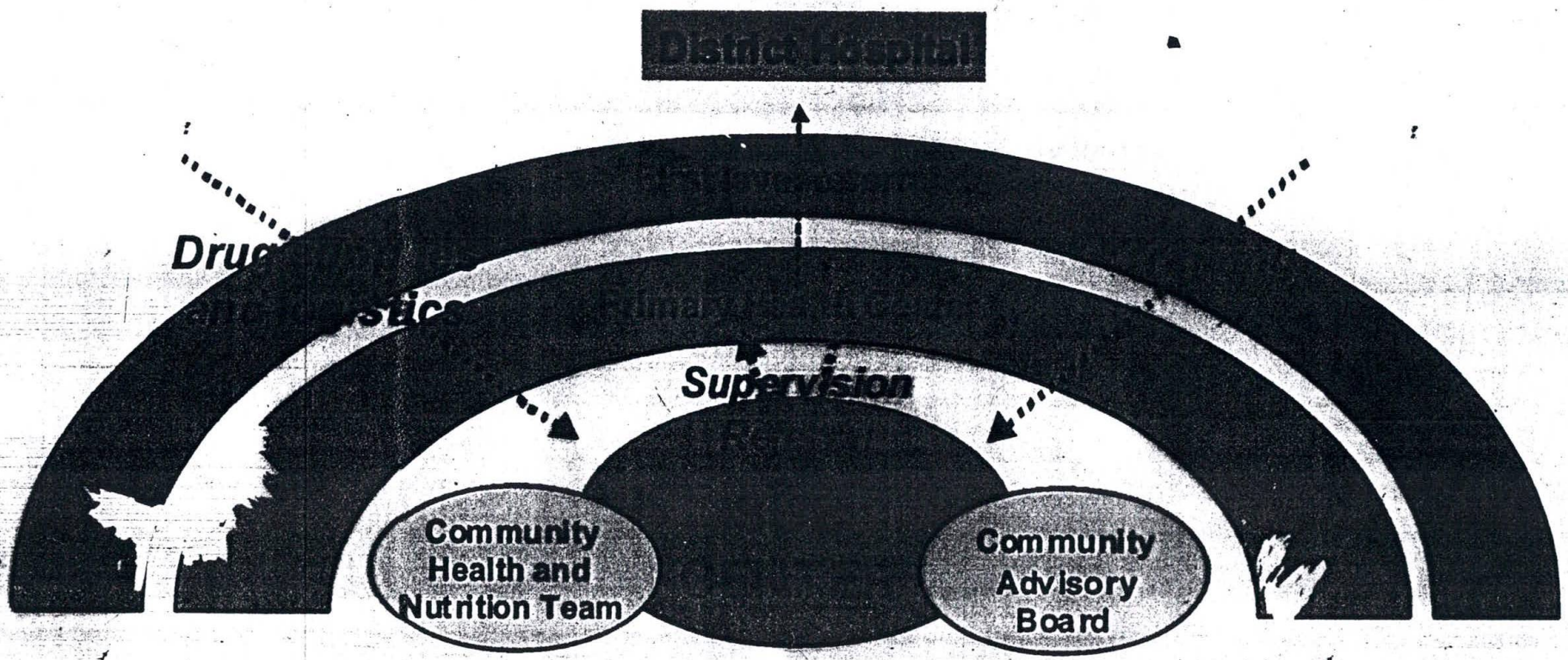
- Fixed day out reach MCP sessions
- IMCI by the subcentre on fixed day / hours
- Building Health and Nutrition Team
- Community Advisory Boards - will be facilitated and empowered to
  - keep watch on the provision of services as agreed
  - Monitor the quality of services including user friendliness
  - Create demand and improve the utilization of services provided
  - Help promoting health and family level actions to maintain health
  - Over some years resource mobilization to complement government resources for the services

Strengthening referral and on the job supervision

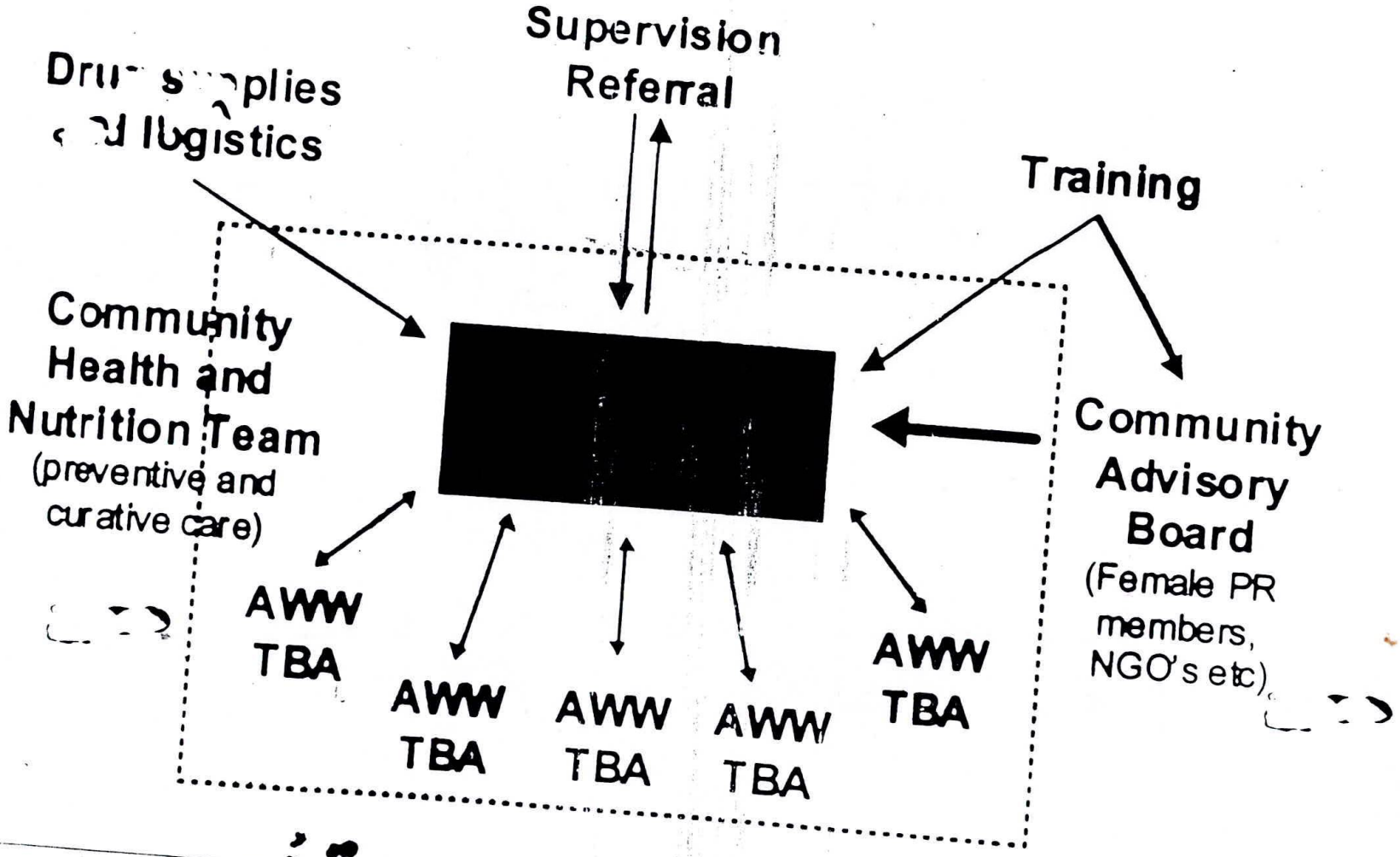
- **Hub-hospital** : District /sub-district hospitals with a pediatrician and obstetrician becomes the hub hospital
  - Provide referral services and conduct appreciative auditing of case handling at lower level
  - Provide initial training for skill development
  - On the job training by period[illegible] visits in partnership with PHC doctors

Subcenter Strategy

Referral Environment



MPO - 3
Sub-centre Revitalization Strategy



MPO - 3

Sub-centre Revitalization Strategy

